



[X] The fee is calculated as shown below:

	PRESENT # OF CLAIMS	HIGHEST # PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	29	29	4	x \$50 =	\$.00
Independent Claims	4	4		x \$200 =	\$.00
Multiple Dependent Claims Fee					\$.00
Petition for Extension of Time					\$.00
Subtotal					\$.00
Subtract ½ if Small Entity					.00
<b>TOTAL FEE DUE</b>					<b>\$.00</b>

[ ] Please charge Deposit Account No. 50-0206 in the amount of \$0.00 for the above-indicated fees. A duplicate copy of this transmittal is submitted herewith.

[X] The Commissioner is hereby authorized to charge any shortage in fees under 37 CFR 1.16 and 1.17 associated with the filing of this communication, or credit any overpayment, to Deposit Account No. 50-0206. This authorization does not include any issue fees under 37 CFR 1.18. A duplicate copy of this transmittal is submitted herewith.

Respectfully submitted,

Hunton & Williams LLP

By: 

Thomas E. Anderson

Registration No. 37,063

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